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CONFIRMATION NO. 9209

<b>SERIAL NUMBER</b> 10/774,742	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 15181.027
<b>APPLICANTS</b> Ashley M. Classen, Keller, TX; Mark Revenaugh, Oregon City, OR; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/07/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 70
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 42922				
<b>TITLE</b> Method and apparatus for veterinary RF pain management				
<b>FILING FEE RECEIVED</b> 835	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	